

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION OF
PHYSICIAN ASSISTANTS

RECEIVED BY
JUL 03 2013

MULTI-BOARD

In the Matter of)
Adam C. Coleman, PA)
License No. PA2040)
(License Expired 3/1/2009))
_____)

Docket No. PA-2013-004

**CONSENT AGREEMENT for INDEFINITE SUSPENSION of RIGHT
to RENEW LICENSE**

The Board of Registration of Physician Assistants ("Board") and Adam C. Coleman ("Licensee"), a physician assistant ("PA") licensed by the Board, License No. PA2040, do hereby stipulate and agree to enter into this Consent Agreement for Indefinite Suspension of Right to Renew License ("Agreement") in resolution of a complaint identified as Docket No. PA-2013-004 ("Complaint"). The Complaint is based on the INDEFINITE SUSPENSION of the Licensee's North Carolina physician assistant license ("NC PA license") under the terms of a Consent Order entered into with the North Carolina Medical Board ("NC Medical Board") effective October 9, 2012, as a result of his admission to forging and filling several controlled substances prescriptions for himself and his wife.

The Licensee understands and agrees that the information contained in this Agreement shall be entered into, and become a permanent part of, the records of the Licensee maintained by the Board. For the purposes of this Agreement, the word "license" refers to both a current or expired license to practice as a physician assistant in Massachusetts, and to any right to renew such license. The Licensee acknowledges the truth of the allegations contained in the Complaint, which are as follows:

1. On or about October 12, 2005, the Board issued to the Licensee a license to practice as a physician assistant in Massachusetts, License No. PA2040. The license expired on March 1, 2009, and has not been renewed to date.
2. The Licensee's address of record maintained by the Board is 80 Carew Terrace, Springfield, MA 01104. Based on information contained in the Complaint file, the Board has identified two additional addresses for the Licensee:
 - (a) an address appearing on NC Medical Board correspondence to the Licensee dated April 17, 2012: 122 Plank Bridge Way, Morrisville, NC 27560; and

- (b) an address appearing on a Board Action Reporting Form submitted by the National Commission on Certification of Physician Assistants ("NCCPA") to the Federation of State Medical Boards of the United States, Inc., on February 6, 2013: 603 Piper Stream Circle, Cary, NC 27519.
- 3. The Licensee was licensed as a physician assistant by the NC Medical Board on or about December 11, 2007, License No. 0010-01168.
- 4. On April 12, 2012, the NC Medical Board learned that the Licensee was being terminated from employment at Duke University Medical Center in Durham, NC, because he had fraudulently obtained prescription controlled substances and that he was under investigation by both state and local law enforcement authorities. On April 16, 2012, the Licensee voluntarily surrendered his NC PA license to the NC Medical Board.
- 5. On October 4, 2012, the Licensee signed a Consent Order with the NC Medical Board ("NC Consent Order") in which he agreed to the INDEFINITE SUSPENSION of his NC PA LICENSE based on his admissions that:
 - (a) between October 5, 2009 and March 12, 2012, he had forged and filled several controlled substance prescriptions for himself and his wife by writing prescriptions in the names of family members and forging the names of physicians and physician assistants with whom he worked;
 - (b) he suffers from a chemical addiction; and
 - (c) his illegally obtaining controlled substances as described in Paragraph 5(a), above, constitutes unprofessional conduct within the meaning of applicable North Carolina General Statutes.

A copy of the Consent Order entered into between the Licensee and the NC Medical Board bearing the caption "In re: Adam C. Coleman, PA-C, Respondent" is attached hereto as ATTACHMENT A and incorporated herein by reference.

- 6. Based on the NC Consent Order, the National Commission on Certification of Physician Assistants ("NCCPA") REVOKED the Licensee's certification as a physician assistant effective January 20, 2013, for violation of NCCPA Policy and Procedures for Disciplinary Review.
- 7. The Licensee acknowledges that his conduct as described in Paragraph 5(a), above, fails to comply with federal and state laws and regulations governing controlled substances as required by 263 CMR 5.07(1) and that such failure warrants disciplinary action by the Board under:

- (a) 263 CMR 6.02(b) for violating any provision of the laws of the Commonwealth relating to the authorized practice of physician assistants or any rule or regulation adopted thereunder;
 - (b) 263 CMR 6.02(c) and M.G.L. c. 112, § 61, for engaging in deceit and gross misconduct in the practice of his profession as a physician assistant;
 - (c) 263 CMR 6.02(d) for engaging in practice which is fraudulent or beyond the authorized scope of practice for a physician assistant; and
 - (d) 263 CMR 6.06(j) for violating any provision of M.G.L. c. 112, §§ 9C through 9K (to wit, M.G.L. c. 112, § 9H) or any rule or regulation of the Board (to wit, Board regulations cited in Paragraph 7(a) through (d)).
8. The Licensee agrees to return to the Board at its office at 239 Causeway Street, Suite 500, Boston, Massachusetts 02114, either by hand or by first class mail, the two (2) enclosed duplicate originals of this Agreement signed by the Licensee, witnessed and dated, **no later fourteen (14) days from his receipt of this Agreement.**
9. The Licensee understands that this Agreement shall be incorporated into the permanent records for the Licensee maintained by the Board. The Licensee further understands that this Agreement constitutes a "public record" within the meaning of M.G.L. c. 4, § 7, subject to public disclosure. Additionally, the Board may forward a copy of this Agreement to other licensing boards or law enforcement entities, or both, as well as to any other individual or entity as required by law.
10. The Licensee understands that this Consent Agreement for Indefinite Suspension of Right to Renew License constitutes disciplinary action by the Board.
11. The Licensee further agrees to return to the Board any Massachusetts physician assistant license in his possession at the time he returns to the Board two (2) signed, dated, and witnessed duplicate originals of this Agreement in compliance with Paragraph 8, above.
12. The Board agrees that in return for the Licensee's execution of this Agreement and its return to the Board with his current Physician Assistant license as provided by this Agreement, the Board shall not prosecute before itself the allegations contained in the Complaint.
13. The Licensee understands and agrees that the conditions for any future reinstatement of his physician assistant license shall include, but not be limited to, the Licensee's evaluation by the Massachusetts Professional Recovery System ("MPRS"), participation in the MPRS as recommended by the MPRS, and successful completion of participation in the MPRS as determined by the MPRS and the Board.

14. The Licensee understands and agrees that the conditions for any future reinstatement of his physician assistant license shall include, but not be limited to, the Licensee's providing documentation satisfactory to the Board that any and all criminal cases brought against him have been closed before the Board will consider any written petition from the Licensee for license reinstatement.
15. The Licensee further understands and agrees that any future license reinstatement by the Board may be conditioned on his entering into a consent agreement with the Board for a period of license probation, the duration and terms of which to be determined by the Board at the time of any license reinstatement.
16. The Licensee understands that he may petition the Board for license reinstatement in accordance with Board Policy No. PA-10-01, *License Reinstatement Following License Surrender, License Suspension, or License Revocation*. A copy of such Policy is attached hereto as ATTACHMENT B and incorporated herein by reference.
17. The Licensee understands and agrees that he will be required to meet any and all Board requirements for license reinstatement in effect at the time he submits to the Board a petition for license reinstatement.
18. The Licensee understands and agrees that the surrender of his physician assistant license as agreed under the terms of this Agreement is a final act depriving him of all privileges of licensure as a physician assistant and is not subject to reconsideration or judicial review.
19. The effective date of this Agreement ("Effective Date") is the date on which the Board receives the Agreement that has been signed by the Licensee.
20. The Licensee understands and agrees that, after the Effective Date of this Agreement, he will no longer be authorized to practice as a physician assistant in Massachusetts. The Licensee further understands that any practice as a physician assistant after the Effective Date of this Agreement may be referred to law enforcement for appropriate action, shall constitute additional grounds for complaint against his physician assistant license, and shall be considered by the Board in connection with any future request for license reinstatement by the Licensee.
21. The Licensee states that he has used legal counsel in connection with his decision to enter into this Agreement or, if he did not, that he had an opportunity to do so and that his decision to enter into this Agreement was made of his own free will.
22. The Licensee certifies that he has read this document entitled "Consent Agreement for Indefinite Suspension of Right to Renew License." The Licensee understands that, by executing this Agreement, he is waiving his right to a formal hearing at which he would

possess the rights to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on his own behalf, to contest the allegations, to present oral argument, to appeal to court in the event of an adverse ruling, and all other rights set forth in M.G.L. c. 30A, the Massachusetts Administrative Procedure Act, and 801 CMR 1.01 *et seq.*, the Standard Adjudicatory Rules of Practice and Procedure. The Licensee states that he further understands that in executing this document entitled "Consent Agreement for Indefinite Suspension of Right to Renew License" he is knowingly and voluntarily waiving his right to a formal hearing and to all of the above listed rights.

BY THE LICENSEE:

[Signature]
Adam C. Coleman

6/28/13
Date

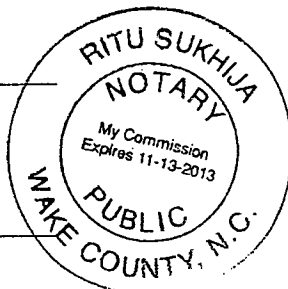
BY THE BOARD:

[Signature]
Stephanie Everett, Esq., Executive Director

7/3/13
Date (Effective Date)

[Signature] 6-28-2013
Witness Signature and Date

Ritu Sukhija
Witness Print Name



FOR BOARD USE:

An original copy of this Consent Agreement for Indefinite Suspension of Right to Renew License signed by the Board was mailed to the Licensee/Licensee's attorney on 7/10/13^{#5} by Certified Mail No. 7010 1870 0002 2383 2574 by JHS.

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:)
)
Adam C. Coleman, PA-C,) CONSENT ORDER
)
Respondent.)

This matter is before the North Carolina Medical Board ("Board") on information regarding Adam C. Coleman, PA-C ("Mr. Coleman"). Mr. Coleman admits, and the Board finds and concludes, that:

Whereas, the Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes and the rules and regulations promulgated thereto; and

Whereas, on December 11, 2007, the Board issued Mr. Coleman a license to perform medical acts, tasks and functions as a physician assistant, license number 0010-01168; and

Whereas, at all times relevant herein, Mr. Coleman practiced as a physician assistant in Durham, North Carolina; and

Whereas, on April 12, 2012, the Board was advised that Mr. Coleman was being terminated from his employment at Duke University Medical Center because he had fraudulently obtained

prescription controlled substances and that he was under investigation by both state and local law enforcement authorities; and

Whereas, Mr. Coleman admitted to the Board that between October 5, 2009 and March 12, 2012, he had forged and filled several controlled substance prescriptions for himself and his wife by writing prescriptions in the names of family members and by forging the names of physicians and physician assistants that Mr. Coleman worked with; and

Whereas, Mr. Coleman admits that he suffers from a chemical addition; and

Whereas, on April 16, 2012, Mr. Coleman voluntarily surrendered his North Carolina physician assistant license; and

Whereas, Mr. Coleman's abuse of controlled substances constitutes Mr. Coleman being unable to practice as a physician assistant with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of alcohol, drugs, chemicals, or any other type of material or by reason of any physical or mental abnormality, within the meaning of N.C. Gen. Stat. § 90-14(a)(5) and grounds exist under N.C. Gen. Stat. § 90-14(a)(5) for the Board to suspend, revoke or limit Mr. Coleman's physician assistant license or to deny any application he might make in the future; and

Whereas, Mr. Coleman acknowledges and admits that illegally obtaining controlled substances, as described above, constitutes unprofessional conduct within the meaning of N.C. Gen. Stat. § 90-14(a)(6) and grounds exist under N.C. Gen. Stat. § 90-14(a)(6) for the Board to suspend, revoke or limit Mr. Coleman's physician assistant license or to deny any application he might make in the future; and

Whereas, Mr. Coleman acknowledges and agrees that the Board has jurisdiction over him and over the subject matter of this case; and

Whereas, Mr. Coleman knowingly waives his right to any hearing and to any judicial review or appeal in this case; and

Whereas, Mr. Coleman would like to resolve this matter without the need for more formal proceedings; and

Whereas, the Board has determined that it is in the public interest to resolve this case as set forth below;

NOW, THEREFORE, with Mr. Coleman's consent, it is ORDERED that:

1. Mr. Coleman's license to practice as a physician assistant in North Carolina is hereby SUSPENDED INDEFINITELY.

2. Mr. Coleman shall obey all laws and he shall obey all regulations related to being a physician assistant.

3. Mr. Coleman shall notify the Board in writing of any change in his residence or practice addresses within ten (10) days of the change.

4. Mr. Coleman shall meet with the Board or members of the Board for an interview at such times as requested by the Board.

5. If Mr. Coleman fails to comply with any of the terms of this Consent Order, that failure shall constitute unprofessional conduct within the meaning of N.C. Gen. Stat. § 90-14(a)(6) and shall be grounds, after any required notice and hearing, for the Board to annul, suspend, revoke, condition, or limit Mr. Coleman's license to practice medical acts, tasks, and functions as a physician assistant or to deny any application he might make in the future or then have pending for a license.

6. This Consent Order shall take effect immediately upon its execution by both Mr. Coleman and the Board and it shall continue in effect until specifically ordered otherwise by the Board.

7. Mr. Coleman waives any requirement under law or rule that this Consent Order be served on him.

8. Upon execution by Mr. Coleman and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be

subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies, and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State Medical Boards, the National Practitioner's Data Bank, and the Healthcare Integrity and Protection Data Bank. -

By Order of the North Carolina Medical Board this the 9th day of October, 2012.

NORTH CAROLINA MEDICAL BOARD

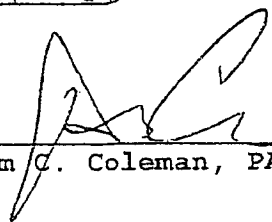
By:

Ralph C. Loomis, M.D.

Ralph C. Loomis, M.D.

President

Consented to this the 4 day of October, 2012.


Adam C. Coleman, PA-C

State of NORTH CAROLINA

County of WAKE

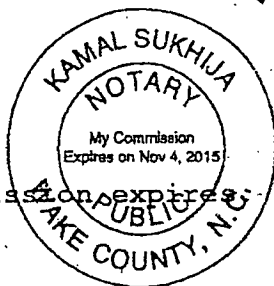
I, KAMAL SUKHIA, a Notary Public for the
above named County and State, do hereby certify that Adam C.
Coleman, PA-C, personally appeared before me this day and
acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal

this the 4th day of October, 2012.

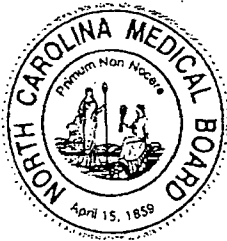
Kamal Sukhija
Notary Public

(SEAL)



My Commission expires

Nov 4th, 2015



**NORTH CAROLINA
MEDICAL BOARD**

Ralph C. Loomis, MD
President

William A. Walker, MD
President-Elect

Thomas R. Hill, MD
Secretary/Treasurer

PERSONAL AND CONFIDENTIAL

April 17, 2012

Adam C. Coleman, PA-C
122 Plank Bridge Way
Morrisville, NC 27560

Re: License Surrender

Dear Mr. Coleman:

This will acknowledge receipt of your Voluntary Surrender Form of April 16, 2012. The surrender of your license to perform medical acts, tasks, or functions as a physician assistant (license number 0010-01168) issued by the North Carolina Medical Board becomes a public record according to North Carolina law. You are required to reapply if you wish to reinstate your license.

Should you have questions regarding this matter, please feel free to call.

Sincerely,

R. David Henderson

R. David Henderson
Executive Director

RDH:jo

R. David Henderson
Executive Director

1203 Front Street
Raleigh, North Carolina 27609-7533

Mailing:
P.O. Box 20007
Raleigh, North Carolina 27619-0007

Telephone: (919) 326-1100
Fax: (919) 326-1131
Email: info@ncmedboard.org
Web: www.ncmedboard.org

**NORTH CAROLINA MEDICAL BOARD
VOLUNTARY SURRENDER FORM
PHYSICIAN ASSISTANT**

Name:

Adam Coleman P.A.C

License #:

0010-01168

Practice Address:

DUMC 3096DURHAM NC 27710

I hereby surrender my license to perform medical acts, tasks, and functions as a physician assistant issued by the Board effective upon receipt of this document by the Board or its agent.

I understand that I may not give medical advice or treatment to any person, with or without compensation; may not prescribe drugs; and may not otherwise perform medical acts, tasks, and functions as a physician assistant within the meaning of N.C. Gen. Stat. §90-1.1. Once tendered, this decision to surrender my license may not be withdrawn. I understand that the surrender of my license does not preclude the Board from bringing charges against me at a later date.

I understand that I may have obligations to patients that continue beyond the surrender of my license including, but not limited to, winding up my practice in an orderly fashion, assisting patients in ensuring continuity of their care, and preserving patient records and access thereto.

I understand that this document is a public document within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it may be reported to persons, entities, agencies, and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State Medical Boards, the National Practitioner's Data Bank, and the Healthcare Integrity and Protection Data Bank.

I understand my right to and I have been given the opportunity to consult with an attorney, at my own expense, before tendering this surrender of my license. I have made the decision to surrender my license to practice medicine knowingly, voluntarily, and of my own free will.

Date:

4/16/12

Signature:

[Signature]

Witness:

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS

Policy No. PA-10-01

[Adopted May 13, 2010]

LICENSE REINSTATEMENT FOLLOWING LICENSE SURRENDER, LICENSE
SUSPENSION, OR LICENSE REVOCATION

I. PURPOSE

Policy No. PA-10-01 sets forth the requirements for reinstatement of a Physician Assistant license ("license") issued by the Board of Registration of Physician Assistants ("Board") following license surrender, suspension, or revocation by operation of a consent agreement entered into with the Board or by final decision and order issued by the Board in an adjudicatory proceeding ("loss of license").

II. PETITION FOR LICENSE REINSTATEMENT

A person who has met all of the conditions for license reinstatement contained in a consent agreement entered into with the Board or in a Board final decision and order may petition the Board in writing for license reinstatement ("reinstatement petition") in accordance with Policy No. PA-10-01. The reinstatement petition shall consist of an original, dated letter addressed to the Board and signed by the reinstatement applicant ("applicant") that incorporates all of the applicant statements and the supporting documentation described below.

Each reinstatement applicant is responsible for submitting his or her reinstatement petition and supporting documentation to the Board in accordance with Policy No. PA-10-01. All documentation submitted in connection with a reinstatement petition shall become part of such petition, which may not be withdrawn once received by the Board. A reinstatement petition shall become a permanent part of the records maintained by the Board.

Each applicant for license reinstatement shall incorporate all of the following applicant statements into his or her reinstatement petition:

- 1) A statement describing how the applicant has been affected by the loss of license.
- 2) A statement describing the applicant's activities, professional and personal, from the date of the loss of license to the present.
- 3) A statement describing any remedial activities the applicant has engaged in since the loss of license that shall include, but not be limited to, the following:
 - (a) The type of activity the applicant engaged in;

- (b) if the activity involved an organization or other entity, the name and address of such organization or entity;
- (c) the dates on which the applicant engaged in such activity;
- (d) the location at which the applicant engaged in such activity;
- (c) the name and title of, and contact information for, a person who can verify the applicant's involvement in the remedial activity; and
- (d) why the applicant considers such activity relevant to his or her resuming practice as a Physician Assistant.

4) A statement, signed under the pains and penalties of perjury, as to whether or not the applicant has engaged in any practice as a Physician Assistant in Massachusetts requiring a license or has represented himself or herself as a Physician Assistant in Massachusetts since the date of loss of license to the present.

5) A personal statement explaining why favorable action by the Board on the applicant's reinstatement petition is warranted.

6) A statement describing the applicant's plans with regard to resuming his or her practice as a Physician Assistant and the steps the applicant will take to ensure compliance with all laws and regulations governing such practice.

7) A statement identifying any other state or jurisdiction in which the applicant holds a license to practice as a Physician Assistant and the license number.

8) A statement identifying any other state or jurisdiction in which the applicant holds any *other* occupational or professional license(s) and the license number(s).

9) Above the applicant's signature on the reinstatement petition, the following statement:
"I, [applicant's name], do hereby attest, under the pains and penalties of perjury, that the information I have provided in connection with this petition for license reinstatement is accurate and true. I understand that any failure on my part to provide accurate and true information shall constitute grounds for the Board denial of my reinstatement petition."

III. REQUIRED DOCUMENTATION

Each applicant for license reinstatement is responsible for submitting to the Board the documentation and applicable fees set forth below.

1) Documentation satisfactory to the Board establishing that the applicant has successfully completed any and all conditions for license reinstatement contained in a consent agreement entered into with the Board or in a Board final decision and order.

2) Where the applicant's loss of license was based on discipline of a license by a licensing entity in another state or jurisdiction, documentation sent directly to the Board by such licensing entity establishing that the applicant has completed any and all conditions for license reinstatement in that

state or jurisdiction and that the applicant's license is in good standing or is eligible for renewal without conditions.

3) Written verification of license status from each state or jurisdiction in which the applicant holds, or has held, *any* professional license, sent directly to the Board by the licensing entity in the other state or jurisdiction;

4) A resumé that identifies, at a minimum, the applicant's employment and other activities from the date of loss of license to the present. With respect to employment, the resumé must identify:

- (a) All the applicant's employers by name and address;
- (b) date(s) of the applicant's employment;
- (c) position(s) held by the applicant;
- (d) the applicant's immediate supervisors by name and position;
- (e) the applicant's employment duties and responsibilities; and
- (f) the applicant's reason(s) for leaving each employment.

With respect to other activities, the resumé may identify and describe any professional activities engaged in, educational programs completed, and academic degrees earned. Documentation of any education programs completed or academic degrees earned, or both, must be sent directly to the Board by the educational institution with oversight of the program.

5) The license reinstatement fee, by check or money order made payable to the "Commonwealth of Massachusetts".

6) If an applicant's license expired while suspended, surrendered, or revoked:

- (a) a fully completed, signed, and dated License Renewal Questionnaire; and
- (b) the license renewal fee, by check or money order made payable to the "Commonwealth of Massachusetts".

7) If an applicant's license did *not* expire while suspended, surrendered, or revoked, a fully completed, signed, and dated License Reinstatement Questionnaire.

8) Documentation satisfactory to the Board of any professional continuing education the applicant has completed since the loss of license to the present.

9) Notarized statements sent directly to the Board by at least three people, one of whom must be a licensed Physician Assistant whose license is in good standing and without encumbrance, who:

- (a) acknowledge having read the consent agreement or Board final decision and order memorializing the applicant's loss of license;
- (b) have known the applicant since the loss of license; and
- (c) recommend reinstatement of the applicant's license and state the reasons for such recommendation.

10) An *Attestation as to Criminal Record in Another State or Jurisdiction*, fully completed, signed, and dated by the applicant. Where an applicant identifies the existence of a criminal history in

another state or jurisdiction, the Board may require the applicant to assist the Board in obtaining documentation of, and other information related to, such history.

NOTE: The Board shall *not* accept the following documentation or any other documentation the veracity of which the Board may reasonably question:

- 1) A copy of any document where the original document is reasonably available, except for a copy of a document that has been certified by the appropriate authority to be a true copy of the original document;
- 2) any document that is not dated;
- 3) any document that is not signed where a signature should appear; and
- 4) any letter or other document in which the salutation is "To Whom It May Concern", "Dear Sir or Madam" or any similar salutation that does not indicate that the letter or other document is addressed to the Board.

IV. CURRENT EXPERIENCE RELATED TO PHYSICIAN ASSISTANT PRACTICE

Where the Board determines that the documentation submitted by an applicant for license reinstatement does not demonstrate that the applicant has relevant, current experience related to practice as a Physician Assistant, the Board may require as a condition of license reinstatement that the applicant submit documentation satisfactory to the Board of the applicant's:

- (a) successful completion of additional continuing education in areas identified by the Board; or
- (b) having retaken and passed the National Commission on Certification of Physician Assistants' Physician Assistant National Certifying Examination (PANCE) or Physician Assistant National Recertifying Examination (PANRE); or
- (c) both (a) and (b).

V. PRACTICE SUPERVISION AFTER LICENSE REINSTATEMENT

The Board may require as a condition of license reinstatement that an applicant engage in a period of supervised practice as a Physician Assistant under the terms of a probation agreement between the applicant and the Board, the terms of which shall be determined by the Board at the time of any license reinstatement.

VI. APPLICANT'S APPEARANCE BEFORE THE BOARD

The Board may require an applicant for license reinstatement to appear before the Board in connection with the applicant's reinstatement petition.

VII. VALIDITY OF PETITION FOR LICENSE REINSTATEMENT

A fully completed, signed, and dated petition for reinstatement accompanied by all applicable fees shall be valid for 60 days from the date of its receipt by the Board. If all required documentation is not received by the Board within *60 days* of receipt of the reinstatement petition and applicable fees, such petition shall no longer be valid. An applicant whose petition for reinstatement is no longer valid may submit to the Board a new reinstatement petition and all applicable fees.

VIII. STANDARD FOR LICENSE REINSTATEMENT

The Board may grant an applicant's petition for license reinstatement where the Board determines that such reinstatement would advance the public interest.

IX. BOARD DECISION ON PETITION FOR LICENSE REINSTATEMENT; NEW PETITION FOLLOWING DENIAL OF REINSTATEMENT PETITION

The Board shall notify an applicant in writing of its approval or denial of the applicant's petition for license reinstatement. In the case of a denial of such petition, the Board shall state the reasons for such denial. An applicant whose reinstatement petition has been denied may submit a new petition to the Board, accompanied by all required documentation and applicable fees, no sooner than one (1) year from the date of initial petition denial, unless the Board directs otherwise.

AUTHORITY: M.G.L. c. 112, §§ 9C - 9K; 263 CMR 2.00; 263 CMR 3.00; 263 CMR 5.00; 263 CMR 6.00.